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CREWKERNE URBAN DISTRICT COUNCIL



ANNUAL REPORT
of
THE MEDICAL OFFICER OF HEALTH
for the year ended 31st December, 1961

PUBLIC HEALTH OFFICERS

Medical Officer of Health

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Public Health Inspector

A.C.N. Gully, M.A.P.H.I., M.R.S.H.

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&

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Mrs. N.L.R. Pitman

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To the Chairman and Councillors of the
Crewkerne Urban District Council

Ladies and Gentlemen,

The years seem to rush by and no sooner is one Report finished than it seems time for me to present another. I now present my fourteenth Annual Report on the health of the people of Crewkerne.

This report contains a mass of facts and figures. In an attempt to make it readable, not only to the Council who already know a good deal of its content, but also to a wider public, I have continued to group the statistics together at the end. They are available to those interested in the detail.

In general 1961 was a year of good health and progress in the town. However, there was no progress in school dentistry and I have given details of the position. I have also added a note of my impressions of those children seen by me when leaving school.

I hope the public will take some interest in my report on the present position with regard to radiation. It may help to allay some of their fears.

I am,

Mr. Chairman and Councillors,

Your obedient Servant,

A.M. McCall

Medical Officer of Health

SECTION A

Statistics and Social Conditions of the Area

Population A census was held in April of this year and the Registrar General was therefore able to compile an accurate total of the population which was 4,240, the highest figure it has been for some years. The population density is 3.2 per acre. These figures are likely to increase as more people working in the town find living accommodation in it.

Birth Rate The corrected Birth Rate for 1961 was 13.67 per thousand, as compared with the national figure in England and Wales of 17.4. There were six illegitimate births which equals 10.9 per cent. of live births. This compares with 3.3 per cent. in 1960, an unhealthy increase.

Death Rate The corrected Death Rate for the year was 9.54 per thousand of population and compares very favourably with the national figure of 12. Coronary disease and other heart disease caused eleven deaths, equal in number to those due to diseases of the circulation. Cancer was responsible for six deaths, none of these due to lung cancer. Details of all causes of death are shown in Appendix 4, Table 3.

Maternal Mortality There were no maternal deaths in 1961.

Stillbirths There were no stillbirths registered during the year.

Infant Mortality One infant died in the fifth month, due to severe congenital defects.

Social Conditions The social services remained unchanged during 1961. Crewkerne continues to prosper as a result of the influx of various industries. Trade is brisk and there are many changes in the shopping facilities in the centre of the town. The general prosperity is reflected in higher living standards and a general air of well-being. The housing position is improving due to the active lead given by the Council.

SECTION B

General Provision of Health Services in the Area

No new services were provided but existing ones were improved in several instances. I regret that no dental officer was appointed to take up the vacancy which exists at the town dental clinic.

Care of Mothers and Young Children The antenatal and post-natal care of mothers and children continued at a high standard and attendances at the various clinics were satisfactory.

Antenatal Clinic The antenatal clinics continued to be held twice a month. I attended one of these each month. At this clinic, where mothers attend by appointment, blood samples are taken and submitted to the laboratory for investigation. Reports of these are sent to the general practitioner concerned, the district midwife and to the mother herself. While attending the antenatal clinics mothers are informed of the separate mothercraft classes which are organised by the nurses. These classes consist of a series of lectures given by the nurses and Miss Taylor, the physiotherapist, and cover a wide field which prepares the mother for the birth of her child.

Domiciliary Midwifery I am pleased to be able to report an increasing co-operation between the private practitioners and the district midwives during the year. One practitioner started holding antenatal clinics for his own patients at which the district midwives always attend and all doctors were seeing their patients more frequently during the antenatal period. However, the bulk of the antenatal visiting is carried out by the district midwives who take the opportunity given by these visits to instruct mothers how to prepare not only themselves but their homes for the coming event.

Hospital Confinement All cases needing admission to hospital for various medical and social reasons are admitted to maternity units in Taunton, Yeovil and Templecombe. As accommodation is still limited in the first two, early application is essential.

Infant Welfare Clinics These clinics continued to be held twice a month. A doctor, together with three health visitors and a number of voluntary workers are present at each session. The attendance figures shown in Appendix B, Table 1 show an increase on the previous year.

I pointed out last year that the character of the infant welfare clinic has changed considerably during recent years. Perhaps it would not be unprofitable to look at the changes that have occurred.

It is difficult to recall the infant of say, forty years ago. A puny little thing, with an old mans face, a woollen cap that gave an elfin look, a musty smell about it, often tintured with the reek of camphorated oil and layer upon layer of garments, perhaps as many as ten or twelve. Or the somewhat older child, flabby, with pink eczematous cheeks, irregular decaying teeth, large tonsils and adenoids and a snuffly nose. Those children seem to have disappeared like an evil dream. Today they are sturdy, well nourished, excellently clothed and with their happy mothers present a wonderful picture. In the unhappy world in which we live the sight of such children is one of the few sources that there are for solid satisfaction.

The two great scourges of days gone by have virtually disappeared. In summer the grisly procession from cot to coffin went on through the terrible epidemics of summer diarrhoea. In winter it was not much better, for there was another procession of absolutely livid children dying of broncho-pneumonia.

At first the infant welfare clinic was a life giving institution. As time has passed the child has improved in health, in strength and in peace of mind. The mothers too have grown cleaner, happier, better looking and better educated. The health education given year after year in the clinics and elsewhere has borne fruit. Some of this change is also due to improved treatment, much more to greatly strengthened resistance.

Broncho-pneumonia is now but a shadow of its former self - it is occasionally seen in a mild form, more often the mother says the child has had it. Summer diarrhoea is almost a thing of the past. Such cases as do occur show mild symptoms and readily respond to treatment and make a rapid recovery.

Diseases due to shortage of vitamins have gone with them. Scurvy has gone, rickets is seldom seen, then only a mild form in those whose mothers have neglected to give them their cod liver oil. Dental decay is the only illness which lags behind. During the recent war it almost disappeared due to sweet rationing. Now it is back again.

There remain largely unaltered the defects and deformities. The hare lip, the squint, the congenital heart, all continue to occur.

It is therefore not surprising that the character of the infant welfare clinic has changed. Today the primary reason for a child's attendance at the clinic is often for some preventive procedure such as vaccination or immunisation. However, this brings to the clinic a much wider selection of children than was formerly the case. There is often just as much need for health education among the higher social classes and opportunity is taken during visits to carry on the good work among this group of mothers who might never have come to the clinic in former days.

Health Visiting Our two resident district nurses carry out the work of health visiting and have been very active in this field. Their frequent visits to peoples homes have made them well-known in the town and they have received a considerable amount of praise for their keen interest in this work.

The tuberculosis health visiting continued to be the responsibility of Mrs. Pitt who also attends the Chest Clinic when the Physician holds his outpatient sessions. I am pleased to say that the total number of cases of tuberculosis is slowly declining in the town.

Home Nursing Our two district nurses carried out this work throughout the year and I was impressed by their high state of efficiency and the cheerful way in which they undertake this often arduous work.

Immunisation Immunisations continued to be given at the clinic where triple vaccine giving protection against diphtheria, whooping cough and tetanus was almost exclusively used. In addition general practitioners also carried out this work in their own surgeries. The demand for immunisation against poliomyelitis declined but fourth doses were offered

to schoolchildren in the 5 - 11 age group. Details can be found in Appendix B, table 3.

Vaccination Fifty-four primary and three re-vaccinations were carried out in 1961. Forty-nine of these were done at the Clinic. The total number of live births during the year was 55 which shows that the acceptance rate is very satisfactory.

Home Help Service The Home Help Service was again available in the town but it is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area organiser is in Yeovil and she dealt with all applications. However, it was still possible to make payments for the service at the Clinic in the town. This, although a small point, is, in fact, appreciated.

School Medical Service I visited the four County schools in the town during the year and carried out a full medical inspection. Details are shown in Appendix B, table 2.

During these inspections I talk to the children, particularly those leaving. I am interested in their future employment. When asked what they are going to do I never get an "I don't know" answer from a grammar school leaver, but it is not infrequent in the secondary modern school. It is a most unfortunate situation for a child within a month or two of leaving school not to know what he or she will do and even not knowing what they want to do. The vast majority of secondary modern girls seem to aspire to nothing more than one of three things, a factory, a shop or hairdressing. Occasionally a girl wants to nurse or join the Police force but these are exceptions. Boys show a little more imagination, but not much. I think that from the age of thirteen secondary modern school children should be interested in possible future employment. Nothing can be more frustrating than to be in a job in which one is not interested and which leads nowhere. This discontent is often manifested in delinquency.

Another topic I often discuss with leavers is smoking. Having read so much about children at the age of eleven being confirmed smokers I am naturally interested to find out how many of our children are smoking regularly by the time they leave school. My impression is that in rural areas anyway, not a large number of children smoke regularly and quite a high percentage don't smoke at all. On questioning the smoker it often emerges that the parents smoke and even if they don't give the child cigarettes they are readily available. Children whose parents don't smoke are frequently the non-smokers. Parents don't seem to realise the importance of example. It is practically useless for a father to lecture his child on the evils of smoking and chain smoke himself. There is a world of difference between the father who gives his son a shilling to go to a football match and the one who takes the boy to the match. Parents can't expect their children to be interested in the classics or go to museums if they themselves never do either. I would therefore appeal to parents who are heavy cigarette smokers to change their smoking habits. Their example is vital if we are to stop the depressing increase in lung cancer continuing on into another generation.

Speech Therapy Mrs. Baker (nee Kenyon) continued to hold a weekly clinic on Fridays and children made 146 attendances at 41 sessions in 1961. She is now seeing the children at a slightly younger age than formerly.

School Dental Service Reference to Appendix B, Table 2 shows that the most recent inspection in Crewkerne was held in July, 1960, at the Infants' School. The Grammar School has not been inspected since 1957, nearly five years ago. This indicates the seriousness of the dental position in Crewkerne. I know that the local dental practitioner does see a large number of schoolchildren but those he sees are regular attenders for the most part and there is a large number of the school population who have no dental inspection and no dental treatment. Many of these have unhealthy or at least unsatisfactory mouths.

Orthopaedic Service The orthopaedic clinic was held regularly once per month and all cases were seen by the orthopaedic sister, Miss Read. At regular intervals they are referred back to the orthopaedic surgeon who assesses progress and future treatment.

Ophthalmic Service I carry out routine eye testing in the schools during the annual medical inspection. This includes simple refraction and inspection of glasses and checking to see that they County Oculist's instructions are being carried out. Children are referred to opticians or the County Oculist, as necessary.

Physiotherapy The physiotherapy service is provided by the Regional Hospital Board and they continued to use the Clinic for two days each week throughout the year. We, as a local authority, are happy to provide facilities for this most important part of the Health Service which increases the speed of recovery of persons suffering from injury and also because it frequently gives great help to the older members of the population suffering from rheumatic and arthritic conditions. During 1961, 1,497 treatments were given at the Clinic and 173 at the hospital.

Epileptics The term epilepsy has come to include a group of conditions in which there exists a persistent liability to periodic seizures. It may be possible to find the cause or there may be no demonstrable organic brain lesion. It has been estimated that 70% of cases occur before the age of twenty and 85% before the age of twenty-five. It is therefore a disease which manifests itself in the young. From the point of view of prevention of serious disability early and accurate diagnosis is very important.

Among schoolchildren this distressing illness calls for special consideration and careful handling. In most cases the general practitioner will be the first person to whom the child is taken. Practically all cases benefit from specialist opinion. Modern therapeutic treatment is now so successful as to allow children to continue to attend the ordinary school. These are the lines on which we base the handling of epileptic children in our schools. I, as school medical officer, receive a copy of all specialist reports. I see the children at each inspection and I report on their suitability for employment when they are ready to leave. They are encouraged to live as normal a life as possible consistent with their disability.

Spastics Drugs are of little value except in controlling fits but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If

possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

Blind Persons The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are fourteen registered blind persons and five partially sighted persons resident in the area. Prior to admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

Ambulance Service This service, provided by the County Council, is operated from a centre in Yeovil. All calls for an ambulance are sent there. The centre is in radio communication with all its vehicles and is thus able to redirect them where required. Crewkerne was satisfactorily covered in 1961.

Crewkerne Hospital Alterations at the hospital were completed during the year and services at the hospital continued uninterrupted except for some short breaks in the surgical service due to holidays. The nursing staff position improved. The catering was taken over by a specialist company at a considerably increased cost.

Mental Health Services These services are administered by the County Council through the Mental Health Sub-Committee. This is an expanding department of the County Council and is assuming more importance each year.

National Assistance Act No action, statutory or otherwise, was necessary during 1961.

Care of the Aged The problem of the ageing population is increasing each year. In 1250 the expectation of life was 35 years. Three hundred years later it was down to 30 years. In 1750 it was back to 35, by 1900 it had increased to 44 years. In 1940 it was 59, now it is 71. In 22 years the expectation of life has increased by 12 years. There are about five and a half million persons aged 65 years or more, a ninth of the population of England and Wales.

It is generally agreed that most old people want to, and should be encouraged to retain their independence for as long as possible but this means some will be forced to make increasing demands for assistance. General practitioners have to bear a continual responsibility with increasingly high consultation rate. Local authorities find a similarly higher demand for their domiciliary services.

The general practitioner readily deals with common problems of age, the failing sight and hearing, the defective teeth. However, the main problem is increasing infirmity. Here the local health authority can and does give a great deal of help. The care of old people to be successful, must be regarded as a co-operative exercise with the general practitioner as the leading member of a team.

All the normal services are available in Crewkerne for the ageing population. The Government are now encouraging local authorities to support voluntary organisations which are doing work in this field.

All efforts are designed to keep the elderly independent in their own homes as long as possible. The provision of special housing with which we have been active is of considerable help in these efforts.

Disabled Persons The Disabled Club, run by the Red Cross Society, continued to flourish. It is under the able direction of Miss Blackmore.

Health Education The Council continued to support the Central Council for Health Education and made use of their posters and leaflets. I and the district nurses continued to speak to various organisations on subjects concerning the health and welfare of our residents. In addition the nurses started a well supported mothers' club which organises meetings twice a month at which various aspects of preventive medicine are discussed in addition to more domestic problems of the housework.

SECTION C

Prevention and Control over Infectious Diseases and Other Diseases

Appendix C, Table 1 shows in detail the diseases notified during 1961: twelve in all. Either people suffering from notifiable diseases don't always call their doctors or else doctors don't remember to notify the cases occurring in their practice.

The immunisation campaign against diphtheria continued, but fewer applied for poliomyelitis vaccination. The vaccination programme against tuberculosis was carried out in the senior schools in February and received fair support. The success of this effort will become increasingly obvious in the next few years.

One of the preventable diseases against which we are losing ground is dental decay. It continues to increase each year throughout the country.

Just before the war most local health authorities had a full complement of dental surgeons. In 1948 they were recruiting when the National Health Service Act was passed. Dental surgeons left the Public Health Service for private practice which at that time was far more lucrative. Instead of making treatment of children a priority service under the Act, they were completely neglected. Since then salary increases have been given to dental surgeons working for local health authorities, but they still have not reached a level which attracts dental surgeons back into the service or induces active young dental surgeons to join and make it a career. Local authorities know this but will not face up to the cost of the remedy.

Certain areas of the County are without cover and Crewkerne is a typical example. Despite the provision of a dental clinic and living accommodation of a sort, dental surgeons come and go. The Service the County Dental Officer has been able to provide for Crewkerne since 1948 is worth consideration.

- 1949 No dental surgeon - emergency treatment only available in Yeovil.
- 1950 - do - - do -
- 1951 New dental clinic completed but no dental surgeon appointed.
- 1952 Without a dental surgeon till near the end of the year.
- 1953 Dental surgeon working in Crewkerne and area.
- 1954 Early in the year the dental surgeon resigned - not replaced.
- 1955 Following representations a part time dental surgeon was appointed to work in Crewkerne on Saturday mornings.
- 1956 No dental surgeon.
- 1957 Late in the year a part-time dental surgeon was appointed and inspected two schools.
- 1958 Full time dental surgeon appointed.
- 1959 The above-named dentist continued until October when he resigned. A part time dental surgeon was appointed to work in Crewkerne two days a week.
- 1960 The above arrangement continued until he was transferred to Yeovil Clinic. He has never been replaced.

In fourteen years Crewkerne has been given full cover for about three years and the partial cover would amount to less than a year. Surely the Council cannot be satisfied with such a state of affairs. One school has not been inspected

since 1957. If it were not for the fact that the private practitioner in the town works extremely hard the position here would be more desperate than it is.

SECTION D

Environmental Health Services

A. Sanitary Circumstances

Climatic Conditions The total rainfall for 1961 was 36.93 inches nearly twenty inches less than the previous year.

Water Supply The water supply was quite satisfactory both in quality and quantity. No shortage was experienced during the year. Details of the chemical and bacteriological reports are shown in Appendix D, Table 1, together with other relevant data concerning the distribution of the supply. All piped water is chlorinated before distribution. Extensions during the year included a supply to a field in Lang Lane and Southmead Crescent for new housing projects. It is intended to extend the supply to the Blacknell Lane Industrial Estate.

Elsewhere in this report I have referred to dental caries. In my report for 1953 I referred to the possible prevention of this disease if the existing fluoride content of the water were brought up to an optimum figure. Since then field studies have been carried out in England and the results are now known. These confirm the experience of other countries, notably America and New Zealand. The figures show that the use of adequately fluoridated water has decreased the amount of dental decay in young children to a very gratifying extent. The Standing Dental Advisory Committee for England and Wales have expressed satisfaction with the way the trials were conducted and agree with the findings. They advise action to promote the general adoption of fluoridation of all public water supplies where the existing fluoride content is deficient. Let us hope the Government will soon take steps to implement this advice.

Sewage Disposal At last I am able to report the completion of the new eastern outfall sewage disposal works. These are modern works with some new features. At the end of the year they were settling down fairly well and I hope that I will be able to report in a year's time that they are running in a satisfactory manner. As far as is known, there are only two dwellings within the urban district with chemical closets and one is known to have a pail closet.

Public Cleansing and Refuse Disposal There were no changes during 1961 and the arrangements for refuse collection remain the same. Last year I made a request to householders to see that they have standard dustbins in a satisfactory condition. Most houses have them but there are still a few using unsatisfactory containers.

Rodent Destruction One part-time rodent operator is employed and he carried out a good deal of routine work and dealt with all requests from domestic properties. No serious infestations were reported.

Swimming Bath There are two privately owned swimming baths one at the Crewkerne Grammar School and another came into operation at the Secondary Modern School. Samples of the water are examined by County Council staff and a strict code of maintenance and operation has been laid down by the County Council for these baths.

Smoke Abatement This is not a serious problem in a town of this size and type. The public are encouraged to fit grates which do not emit smoke. Industrial premises are kept under careful observation but no trouble arose from this source during the year.

Radiation During the year there have been several enquiries on various aspects of Radiation and its general effect on our environment. Most of these queries are sensible and rightly addressed to this department. Quite apart from the spate of questions which always follow weapon testing, there are an increasing number of problems attendant on the use of radioactive substances and these are the subject of speculation by our residents. People should be interested in the effects of the use of radioactive substances, they are going to be with us from now on, and they and their uses are going to affect our everyday lives. This is not a matter for alarm and despondency; we must learn to live with them.

Exposure to ionising radiations and radioactive substances may be incidental or occupational. I suggest we group them roughly:

- (i) Personal public exposure
 - (a) Miscellaneous e.g. T.V. tubes
luminous watches
shoe fitting fluoscopes
high altitude flying
nuclear test bomb fall-out
 - (b) Special e.g. medical diagnostic
radiology
Radiotherapy
 - (c) Occupational e.g. nuclear power and weapon
activities
use of isotopes in
industry, agriculture,
medicine
industrial testing (thick-
ness guages, leak testing)
Mining of radioactive ores
 - (ii) General public exposure
 - Environmental hazard to
plants and animals
To life cycles
- These may arise from
- Nuclear test explosions
 - Radioactive waste disposal
 - Nuclear reactor accidents
 - Processing of irradiated
nuclear fuel elements

In this long list of hazards some such as those of T.V. tubes and high altitude flying are so small that under present conditions they can be ignored. Others are greater but are being increasingly well controlled. These include shoe fitting fluoscopes and many occupational hazards such as industrial testing with X-rays and isotopes. Some hazards suspected not to be negligible have not yet been assessed due to present lack of fundamental knowledge. These include the environmental risks and research workers are actively working on these problems.

In areas like our own where little use is as yet made of radioactive substances in industry one problem which could present a hazard difficult to forecast is accident during transport of radioactive substances. As more electricity is generated by fission power, there will be an increase in the transport of highly radioactive spent fuel elements to specified centres for processing. Presumably railways will be mainly used. Regulations have been drawn up to cover the transport of radioactive substances by rail, road, post, sea and air.

It can be seen that the dangers are by no means of theoretical interest but are of increasing practical importance. The disposal of radioactive waste is the greatest, the processing of irradiated fuel elements being of prime importance.

Since the end of the War the International Commission on Radiological Protection has been working continuously on the fundamental scientific basis of the problems. New information is coming forward all the time necessitating frequent revision of the standards which the I.C.R.P. has from time to time introduced.

There has been criticism of the time which urgent legislation is taking to appear. This is understandable. There are three main reasons for the delay. First, as already stated, the I.C.R.P. is continually having to revise its standards in the light of new information and this leads to re-drafting of regulations. Secondly the complex nature of the legislation itself. Thirdly the number of persons qualified to do the work is severely limited. However, there are, or will be, in the next year or so, six Acts on the Statute Book dealing with nuclear energy and related matters, including radiation protection.

As a local authority we are not concerned with occupational, but with incidental and environmental radiation hazards. This is the point at which we are least well protected by experience, a situation which suggests that there can be no such thing as too much vigilance. The essence of sound radiation hygiene is to be wise before the event because the effects of radiation are irreversible.

In the Radioactive Substances Act, 1960, the Government has established a Centralized Control in radiation protection. The reasons for this are many. The main ones are a need for unified standards, economy in equipment, expenditure and trained manpower. The present scarcity of adequately trained specialists in radiation protection would make it impossible to operate an efficient control over radioactive hazard on a decentralized basis. Local authorities will be consulted and used under the 1960 Act but they cannot under that framework, act as an independent assessor of radiation risk. Under the Act local authorities will receive detailed information concerning local radiation activities and modes of radioactive waste disposal. In order to use this information public health inspectors will need to be trained in the basic essentials of radioactivity and radiation hazard so that they are able to assess the potential nuisance or injury likely to arise from a given source. Given the appropriate training there is no reason why a local authority faced with a potential radiation hazard should not equip itself for the simpler sorts of radiation detection, but certain sorts of measurement are, and will remain, beyond the competence of the average local authority. Such matters as the precise determination of very small quantities of radioactivity, or its exact measurement in a living person involve complex techniques and much skill. They quite rightly will be the concern of the Radiological Protection Service.

And now a word about the levels of radioactivity in the area in 1961 following the resumption of nuclear weapon testing.

The Government policy of monitoring fall-out from nuclear weapon tests involves the annual collection of several thousand samples of milk, green vegetables, water, and other components of the diet. Special attention is paid to areas of high rainfall where deposition of fall-out tends to be the greatest. The monitoring is undertaken by the

Agricultural Research Council and the levels for 1960 have been published. The results showed that the levels of Strontium 90 in milk in the area which included Somerset, were amongst the lowest in the country, being 5.39 micro-microcuries of Strontium 90 per gram of calcium, compared with the national average of 6.40 micro-microcuries of Strontium 90 per gram of calcium.

These levels are far below those which would give rise to levels in bone approaching those considered by the Medical Research Council as requiring immediate consideration.

Measurements for Strontium and caesium in drinking water have been made since 1957. The sources tested are representative of the three major types of supply; underground, river and reservoir and have been selected with a view to covering different parts of the country and as large a proportion of the population as possible. The latest report of these measurements was issued in June. The average person is estimated to derive from drinking water only about 5% of the total Strontium 90 he ingests and the Medical Research Council have stated that there appeared to be little need to give detailed consideration to this source of ingested Strontium 90. Measurements are continuing.

A check has been kept on the levels of iodine 131 in milk throughout the United Kingdom since weapon trials were resumed. The Medical Research Council have stated that the acceptable radiation dose would not be exceeded for infants under one year of age, the most susceptible group of the population, unless the average concentration of iodine 131 in milk rose above 130 micro-microcuries per litre over a period of one year, or higher concentrations were maintained for correspondingly shorter times. The latest results published showed that even in the regions where the highest levels have been observed, the level quoted above would not be reached unless the levels then present were maintained for a further six or seven months or were subsequently increased.

It is not expected that iodine 131 in public water supplies will present a cause for anxiety and the preliminary measurements which have been made under a supplementary monitoring programme so far support this view.

B. Factories Act

Details of the inspections carried out by the Public Health Inspector are shown in Appendix D, Table 2. As new industry is being encouraged to develop in Crewkerne so these inspections are increasing.

C. Housing Appendix D, Table 3 gives details of the housing situation in the town.

This is a very comprehensive table which gives much interesting information. It will be seen that there are 97 applications for Council housing and another 36 old people applying for special housing. The number of houses being built privately almost equals the number of Council houses built during the year. As more industrial workers settle in the town this trend is likely to continue. Once again the Council's programme to extend the Chubbs Lawn estate for old people has been held up by controversy over whether the Mary Davis almshouses should be demolished or not.

The Council continued to encourage applications for discretionary grants but these were few. More people availed themselves of standard grants.

D. Inspection and Supervision of Food

Milk There is one registered distributor of milk in the town and no registered dairy premises.

Ice Cream Twenty-three premises are registered for the retail of pre-packed ice cream. There are no manufacturers. Of the 21 samples taken, 19 fell into Grade 1 but two were in Grade 4.

Meat There is no licensed slaughter house in the urban district and no routine meat inspection is carried out. Occasional condemnation of tinned meat is sometimes necessary.

Food Premises There are eight premises registered under Section 16 of the Food and Drugs Act, 1955. These are given routine visits from time to time and the co-operation of the owners has always been forthcoming. No statutory action was necessary.

APPENDIX A TABLE 1

Registrar General's estimate of Population mid 1961		4,240
No. of inhabited houses at the end of 1961 according to to the Rate Book	...	1,527
Rateable Value	...	£52,310
Sum represented by a penny rate	...	£217
Area	...	1,291 acres

APPENDIX A TABLE 2

BIRTH RATE 13.67		Comparability Factor 1.06	
		M	F
Live Births	Total	27	28
	Legitimate	24	25
	Illegitimate	3	3
Still Births	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-

APPENDIX A TABLE 3

DEATH RATE 9.54		Comparability Factor 0.90		
		M	F	Total
Heart:	Coronary Disease	4	1	5
	Other Heart Disease	3	6	9
Circulation:	Vascular Lesions of nervous system	2	5	7
	Other circulatory diseases	1	3	4
Cancer of:	Stomach	2	-	2
	Lung	-	-	-
	Uterus	-	-	-
	Breast	-	1	1
	Other sites	1	2	3
	Tuberculosis	-	-	-
	Influenza	-	-	-
Lungs:	Pneumonia	-	2	2
	Bronchitis	-	1	1
	Other respiratory diseases	-	-	-
	Leukaemia	-	-	-
Infective & Parasitic diseases		-	-	-
Diabetes		-	-	-
Gastritis		-	-	-
Duodenal ulcer		1	-	1
Nephritis		3	-	3
Hyperplasia of prostate		-	-	-
Congenital malformations		1	-	1
Other ill-defined diseases		3	1	4
Motor vehicle accidents		1	1	2
All other accidents		-	-	-
Suicide		-	-	-
		22	23	45

APPENDIX B TABLE 1

Crewkerne Child Welfare Clinic

Statistics for the twelve months ended
31st December, 1961

1. No. of sessions	...	...	...	24
2. No. of children who attended in 1961				
(a) Born in 1961	...	...	...	49
(b) Born in 1960	...	...	...	39
(c) Born 1956 - 59	...	...	...	25
3. No. of attendances during the year by children who at date of attendance were				
(a) Under 1	...	...	...	604
(b) 1 - 2 years	...	...	...	57
(c) 2 - 5 years	...	...	...	35

APPENDIX B TABLE 2

<u>Name of School</u>	<u>No. on Roll</u>	<u>No. in-spected</u>	<u>Date of Inspection</u>	<u>Children having milk</u>	<u>Children having dinner</u>	<u>Diphtheria Immuni-sation</u>	<u>Date of last dental Inspection</u>
Crewkerne Grammar	196	57	9.3.61	61.22%	90.81%	-	10.12.57
Crewkerne Infants'	111	75	8/9/10 2.61	81.08%	55.86%	75	July, 1960
Crewkerne Junior	194	94	13/15/ 2.61	83.50%	56.69%	19	14.12.59
Crewkerne Secondary Modern	389	145	14/15/16 6.61	43.62%	47.55%	-	15/16.2.60

APPENDIX B TABLE 3

Diphtheria and Whooping Cough Immunisation

	Children born in the years:-							Total
	1961	1960	1959	1958	1957	1952-56	1947-51	
Primary course	58	28	4	3	-	-	-	93
Reinforcing injections (Diphtheria only)	-	-	-	-	-	99	5	104

Poliomyelitis Vaccination

	Children born 1943-61	Young Persons born 1933-42	Persons under 40 yrs. of age	Persons over 40 yrs. in Priority Groups
Primary course	75	13	32	10
No. of persons (all groups) who received a third (reinforcing) injection		...	...	118
No. of children in 5-11 age group who received a fourth re-inforcing injection		...	...	366

Smallpox Vaccination

	Under 1 yr.	1 yr.	2-4	5-14	15 or over	Total
Primary	48	-	2	1	3	54
Re-vaccination	-	-	-	-	4	4

APPENDIX C TABLE 1

Infectious and Other Notifiable Diseases

Measles	...	8
Pulmonary Tuberculosis	...	2
Non-Pulmonary Tuberculosis		1
Salmonella Food Poisoning ..		1

Analysis of Cases Notified

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+ Age Unknown
Measles	1	2			1	3	1					
Salmonella Food Poisoning					1							

Tuberculosis

Age Group	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	<u>M</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
- 1								
1 - 5								
5 - 15								
15 - 25			1					
25 - 35								
35 - 45								
45 - 55								
55 - 65								
65 - 65+	2							
Age Unknown								
Total	2	-	1	-	-	-	-	-

APPENDIX D TABLE 1

Water Supplies

Piped Supplies - results of samples taken for Analysis

<u>Raw water</u>				<u>Treated after going into Supply</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>
<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>	<u>factory</u>
-	-	2	-	2	-	-	-

Water supplies from Public Mains

	<u>Direct to the Houses</u>			<u>By means of Standpipes</u>		
	<u>Public</u>	<u>Water</u>	<u>Private</u>	<u>Public</u>	<u>Water</u>	<u>Private</u>
		<u>Companies</u>			<u>Companies</u>	
No. of						
dwellings	1,522	-	-	4	-	-
Population	4,227	-	-	7	-	-

APPENDIX D TABLE 2

Factories Acts, 1937 - 1959

	No. on Register	No. of Inspection s	No. of written notices	No. of occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6, enforced by Local Authority.	5	12	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	34	80	-	-
(iii) Other premises premises in which Section 7 is en- forced by the Local Authority (excluding out- workers' premises)	6	24	-	-
Total	45	116	-	-

Cases in which defects were found	...	1
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Cases in which defects found were remedied	...	1
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Outworkers

No. of outworkers in August list required by Section 110 ... 57

APPENDIX D TABLE 3

Housing

Action taken during year

1. No. of houses included in Clearance Areas for which Orders are still to be made.	.... Nil
2. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	.... Nil
3. No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	.... 6
4. No. of houses demolished or closed	
(a) under Section 17 of the Housing Act, 1957 (individual unfits)	.... 5
(b) for other purposes road improvements etc.)	.... 1
5. No. of temporary dwellings (huts, etc) demolished	.... Nil
6. No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	.... Nil
7. No. of houses made fit during year	.... 20
8. No. of unfit houses occupied under licence	.... Nil
9. Rent Act, 1957 (1st Schedule)	
Certificates of Disrepair:-	
(a) No. of applications received	... Nil
(b) No. of Certificates issued	... Nil

<u>Houses erected during year.</u>		<u>Houses in course of erection.</u>			
For Slum Clearance	For other purposes	For Slum Clearance	For other purposes	<u>Gained from conversion of large houses or buildings into flats or dwellings</u>	<u>Lost from conversion of two or more houses to one</u>

Local Authority	6	28	-	38	-	-
Private Enterprise	-	33	-	32	1	-

<u>No. of Post-War houses erected from 1st April, 1945 to 31st December, 1961</u>		<u>Housing Programme for 1962</u>	
By Local Authority	By Private Enterprise	For Slum Clearance	For other purposes

267	173	10	65
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(a) No. of temporary housing units occupied -	
(i) Prefabs	... Nil
(ii) Huts, etc.	... Nil
(b) No. of houses found overcrowded	... Nil

Houses required

(i)	To replace houses scheduled for demolition	...	10
(ii)	To abate overcrowding	...	-
(iii)	For other purposes	...	65
(iv) (a)	Total no. of applications for Council houses at the end of the year.	...	97
(b)	If applications classified give no. of -		
	urgent bona fide cases	...	-
	others	...	-
(v)	Total no. of Council houses sold during the year		1

No. of permanent dwellings in District as at 31.12.60	Gained from conversions and erected during 1961	Total a & b	Less houses demolished, closed, etc. during year	No. of permanent dwellings in District as at 31.12.61	
(a)	(b)			L.A.	P.E.
L.A. 354	34	388	-	388	1139
P.E. 1116	35	1151	12		
<u>Totals 1470</u>	<u>69</u>	<u>1539</u>	<u>12</u>	<u>388</u>	<u>1139</u>

OLD PEOPLE'S DWELLINGS

No. erected to 31.12.61		No. in course of erection		Number of Applicants for Old People's Dwellings
With County Council Aid	Without County Council Aid	With County Council Aid	Without County Council Aid	
14	18	None	None	36

IMPROVEMENT GRANTS

A. Discretionary

No. of applications and houses dealt with by Local Authority during year:-

	<u>Received</u>		<u>Approved</u>
Applications	No. of Dwellings	Applications	No. of Dwellings
3	3	3	3

No. of applications approved in respect of owner/occupiers during year	...	2
Average cost per dwelling approved during year	...	£1032
Amount of grant payable by Local Authority	...	£1196

B. Standard

No. of applications	(a) Received	...	11
	(b) Approved	...	11

No. of houses where standard amenities have been provided	...	7
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